

Questions and Answers #1
RFP 720C-04327-12R Medicare Part B Reimbursement – Medical Durable Services

Question #1

Please further define the classification of the 16 facilities listed in this bid by providing the specific universal Place of Service code for each of the 16 facilities listed. Understanding the correct place of service is vital to submitting a proper bid because provision of items requested in this bid are afforded coverage by Medicare Part B at some place of service types and not others. For example, wheelchairs, walkers, canes, CPAP, and other durable items are covered in an Intermediate Care Facility Mental Retardation (ICFMR) but are not covered in a medical center or a skilled nursing facility.

Where there is a separate and distinct part of a combined care center, coverage will differ based upon the physical location of the client within that care center. For example, where an ICFMR is housed within a hospital, the client would be afforded different coverage in the ICFMR section versus the hospital section. Suppliers must have a complete understanding of the various places of service designations at each location.

Answer: The place of service is dependent on level of care and when it comes to cost centers not certified by Medicare, everyone has a different opinion!

HDMC: POS 21 (Inpatient hospital)
POS 31 (Skilled nursing facility)
POS 32 (Nursing facility)

ESH: POS 21 (Inpatient hospital)
POS 51 (Inpatient psychiatric facility)
POS 32 (Nursing facility)
POS ? 56 (Psychiatric residential treatment center)

WSH: POS 21 (Inpatient hospital)
POS 51 (Inpatient psychiatric facility)
POS ? 56 (Psychiatric residential treatment center)

SWVMHI: POS 21 (Inpatient hospital)
POS 51 (Inpatient psychiatric facility)
POS 32 (Nursing facility)
POS ? 56 (Psychiatric residential treatment center)

CVTC: POS 21 (Inpatient hospital)
POS 31 (Skilled nursing facility)
POS 54 (Intermediate care facility/mentally retarded)

SWVTC, SEVTC, SVTC, NVTC: POS 54 (Intermediate care facility/mentally retarded)

NVMHI: POS 51 (Inpatient psychiatric facility)

SVMHI: POS 51 (Inpatient psychiatric facility)
POS? 56 (Psychiatric residential treatment center)

CAT & PGH: POS 21 (Inpatient hospital)
POS 51 (Inpatient psychiatric facility)

CCCA: NO POS as no Medicare clients. However, I would indicate the POS equivalent is:
POS 51 (Inpatient psychiatric facility)

VCBR: POS ? 56 (Psychiatric residential treatment center)

For areas for which a POS? is indicated, various facilities have used different POS for their areas not certified by Medicare. For example, SWVMHI will use POS 51 (inpatient psychiatric facility) as the entire facility is accredited by Joint Commission. However, since we are not billing Medicare A for any services in the non certified areas, technically, POS 51 does not 'fit'. Thus, I am comfortable in giving the Medicare non certified areas a POS 56 (Psychiatric residential treatment center), as the CMS definition of this POS is "A facility or distinct part of a facility for psychiatric care that provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment."

Question #2

Is the bid requesting that provision of equipment and supplies be provided to clients from the Hiram W. Davis Medical Center? It is this supplier's understanding that equipment and supplies provided from a medical center are inclusive of the physician's payment for services and not separately coverable by Medicare Part B.

Answer: When a client is eligible for Medicare A billing, provider payments are all-inclusive with the exception of physician services which are covered by Medicare Part B. For clients who have exhausted their Medicare Part A days, payment for services can be made under Medicare Part B for POS 21 (Inpatient hospital) and POS 31 (Skilled Nursing Facility).

Question #3

Will the Commonwealth of Virginia allow a bidder to provide some of the PRODUCTS listed in the bid but not all? Many SUPPLIERS are accredited by an approved accrediting agency, licensed by the state, or approved by the National Supplier Clearinghouse for a specific offering of PRODUCTS. Rarely is one supplier able to offer the full list of PRODUCTS itemized in this bid.

Answer: Addendum #1 issued March 13, 2012 changes the terms of the award procedures to include the possibility that the award might be to more than one Offeror. The decision to award to more than one Offeror will be decided by the evaluation team at time of the evaluation and negotiation stage of the RFP Process.

Question #4

The bid specifies no subcontracting is allowed. Is the incidental use of USPS and/or FedEx, UPS, and other commercial delivery carriers considered subcontracting? Also, is the use of a sister company for inventory and warehousing permissible?

Answer: Using commercial carriers for deliveries or a sister company under the company's umbrella of companies is not considered subcontracting for this RFP.

Requirements of the contract; This contract is only for the Contractor to supply the items necessary for the patient/resident through a doctor's order that qualifies under Medicare Part B for reimbursement. The contractor is fully responsible for the filing to Medicare for the reimbursement of these items. Under no condition shall the Facility, Agency, the Commonwealth of Virginia or the patient/client be responsible for any payment of these items. The contractor can't supply any other items not qualified under Medicare Part B. through this contract. All other supplies will be purchased separately by the facility in accordance with the Virginia Public Procurement Act requirements.